



K A N S A S

RODERICK L. BREMBY, SECRETARY

DEPARTMENT OF HEALTH AND ENVIRONMENT

KATHLEEN SEBELIUS, GOVERNOR

## Notice of Intent to Apply for J-1 Visa Waiver or Other Non-immigrant Petition

First Name Middle Name or MI(if any), Last Name:

Physician's Last Name ONLY:

Female ☐ Male ☐

Date of Birth:  Dept of State Case #

Place of Birth:  SS#:

Nation of most recent Legal Residence:

Residency specialization:

Purpose of request for letter from State Agency:

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Employer:

CEO:  Phone:

Address:

Street Address  
of practice site:

City:  County:

Practice Specialty:  HPSA #:

MUA or MUP# (if applicable):

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Lawyer Name:

Other Contact staff:

Law Firm name:

Law Firm Street Address:

City, State Zip code:

Phone  Fax:

E-Mail: